



NSW Physiotherapists Registration Board

Level 6, 477 Pitt Street
SYDNEY NSW 2010
PO Box K599
HAYMARKET NSW 1238
Hours: 8.30am - 4.30pm

Telephone: (02) 9219 0255
Facsimile: (02) 9211 9318
Email: physioreg@hprb.health.nsw.gov.au
Internet: www.physioreg.health.nsw.gov.au

INFORMATION FOR OVERSEAS GRADUATES (FOR HOLDERS OF AECOP FINAL CERTIFICATE)

1. PHYSIOTHERAPISTS ACT 2001

The Physiotherapists Act 2001 provides for the registration of physiotherapists. The object of the Act is to protect the health and safety of members of the public by providing mechanisms to ensure that physiotherapists are fit to practise.

Pursuant to section 7 of the Act, a person who is not registered as a physiotherapist must not indicate that the person practises physiotherapy or is qualified to practise physiotherapy.

2. PHYSIOTHERAPISTS REGISTRATION BOARD

The Physiotherapists Registration Board is the independent statutory body created by the Physiotherapists Act 2001 to maintain the Register of Physiotherapists of New South Wales and administer the Act generally. Pursuant to section 87 of the Act the functions of the Board are as follows.

- Such functions as are conferred or imposed by the Physiotherapists Act 2001, or any other Act.
- To promote and maintain standards of physiotherapy practice in New South Wales.
- To advise the Minister for Health on matters relating to the registration of physiotherapists, standards of physiotherapy practice and any other matter arising under or related to the Physiotherapists Act 2001 or Physiotherapists Regulation.
- To publish and distribute information concerning the Physiotherapists Act and Physiotherapists Regulation to physiotherapists, consumers and other interested persons.

Pursuant to section 88 of the Act the Board comprises eleven members as follows.

- 88(1)(a) 3 are to be registered physiotherapists elected by registered physiotherapists in accordance with the regulations,
- 88(2)(a) 1 person nominated by the Minister, being an officer of the Department of Health or an employee of an area health service, statutory health corporation or affiliated health organisation within the meaning of the *Health Services Act 1997*,
- 88(2)(b) 1 registered physiotherapist nominated by the Minister from a panel of physiotherapists nominated by the Australian Physiotherapy Association (NSW), and such other bodies representing physiotherapists as may be determined by the Minister,
- 88(2)(c) 1 registered physiotherapist nominated by the Minister, being a registered physiotherapist involved in the tertiary education of persons for qualification in New South Wales as physiotherapists,

- 88(2)(d) 1 registered physiotherapist practising physiotherapy in NSW nominated by the Minister of the Minister's own choosing,
- 88(2)(e) 3 persons nominated by the Minister, at least 2 of whom are not registered physiotherapists and are nominated to represent the community,
- 88(2)(f) 1 legal practitioner nominated by the Minister.

3. REGISTRATION

Applicants who are new graduates of prescribed or recognised courses and applicants who are not registered in another State or Territory of Australia should apply under the Physiotherapists Act 2001. **Refer to item 3.1 below. Application form attached.**

Applicants may also apply for registration under the Mutual Recognition Act 1992 or the Trans Tasman Mutual Recognition Act, 1997. Applicants who are currently registered in another State or Territory of Australia should apply under mutual recognition. Applicants who are currently registered in New Zealand should apply under the Trans Tasman Mutual Recognition Act, 1997. Applications are available from the Board or can be accessed from the Board's website: www.physioreg.health.nsw.gov.au

3.1 Physiotherapists Act 2001

Section 11 of the Act provides that a person is entitled to registration as a physiotherapist if the Board is satisfied that the person has the necessary qualifications for registration as a physiotherapist, and is of good character.

Section 8(1) of the Act provides that a person has the necessary qualifications for registration as a physiotherapist if the person:-

- (a) has such qualifications as may be prescribed by the Physiotherapists Regulation; **or**
- (b) has successfully completed a course of study that is recognised by the Board as meeting criteria prescribed by the Physiotherapists Regulation for the purposes of this paragraph; **or**
- (c) has such qualifications as may be approved by the Board on the recommendation of an accreditation body recognised by the Board for the purposes of this section; **or**
- (d) has passed an examination arranged or approved by the Board to assess the person's competence to practise physiotherapy.

For the purposes of section 8(1)(d) of the Act the examination is that form of examination approved by the Board from time to time.

Section 9 of the Act, Competence

For the purposes of this Act, a person is competent to practise physiotherapy only if the person has sufficient physical capacity, mental capacity and skill to practise physiotherapy and has sufficient communication skills for the practice of physiotherapy, including an adequate command of the English language.

Section 10 of the Act, Impairment

- (1) For the purposes of this Act, a person suffers from an impairment if the person suffers from any physical or mental impairment, disability, condition or disorder that detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practise physiotherapy.
- (2) For the purposes of this Act, a person who habitually abuses alcohol or is addicted to a deleterious drug is taken to suffer from an impairment.

Application procedures

An application form is attached. The documentary requirements, which must accompany the application form, are outlined in the form. As noted in item 4 in the application form, applicants are not required to disclose offences relating to the parking of motor vehicles or any offence under the road transport legislation (within the meaning of the Road Transport (General) Act 1999), except for the following offences.

- An offence under section 42 of the Road Transport (Safety and Traffic Management) Act 1999 relating to driving a motor vehicle upon a public street furiously or recklessly or at a speed or in a manner which is dangerous to the public.
- An offence under section 42 of the Road Transport (Safety and Traffic Management) Act 1999 relating to driving a motor vehicle upon a public street negligently if the applicant is, by way of penalty, sentenced to imprisonment or fined a sum of not less than \$200.
- Any offence under section 19 (2) of the Road Transport (General) Act 1999 (which relates to refusing to produce a driver licence when required or to state name and home address, or stating a false name and home address).
- Any offence under section 12 (1) of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to driving etc while under the influence of alcohol or any other drug).
- Any offence under section 25A (1), (2) or (3) of the Road Transport (Driver Licensing) Act 1998 (which relates to driving while unlicensed).
- Any offence under section 70 of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to failing to stop after an accident).
- Any offence under section 9 of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to presence of prescribed concentration of alcohol in person's blood).
- Any offence under section 43 of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to menacing driving).
- Any other offence under the road transport legislation if the court orders the disqualification of the applicant from holding a driver licence.

Completed applications will usually be considered by the Board at its next scheduled meeting following receipt of the application. The Board normally meets on the second Tuesday of each month.

Section 12 Provisional Registration may be granted upon application, provided all documentary requirements are in order. Provisional Registration enables applicants to commence practice immediately and is usually granted until the next scheduled meeting of the Board following the application. Applicants must not assume that Provisional Registration will be granted and must wait for advice of approval before commencing practice.

4. LODGMENT OF APPLICATION

- The application may be lodged by;
- (i) Mail; or
 - (ii) In person at the Boards office



Faxed applications or documentation will NOT be accepted.

5. COMPLIANCE WITH THE PRIVACY AND PERSONAL INFORMATION ACT 1998

Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individuals.

New South Wales Physiotherapists Registration Board

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SURREY HILLS NSW 2010
PO Box K599
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APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST

OVERSEAS GRADUATES

Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individuals.

I, *Full name* _____
hereby apply to be registered as a physiotherapist in New South Wales under the provisions of the Physiotherapists Act 2001, and provide the following information in support of my application.

1	PERSONAL DETAILS
	Title: _____
	Surname: _____
	Given names: _____
	Previous name/s, aliases [if applicable]: _____
	Address: _____
	Postcode: _____
	Telephone: (H) _____ (W) _____ (Mobile) _____
	E-mail address: _____
	Date of birth: _____
	Place of birth: _____
	Gender [M or F]: _____

2A	QUALIFICATIONS												
	Qualification/s on which the application is based.												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: center;"><i>Degree/diploma</i></th> <th style="width: 40%; text-align: center;"><i>University/Institution</i></th> <th style="width: 20%; text-align: center;"><i>Year conferred</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Degree/diploma</i>	<i>University/Institution</i>	<i>Year conferred</i>									
<i>Degree/diploma</i>	<i>University/Institution</i>	<i>Year conferred</i>											
	<i>A certified photocopy is required of the degree/s, diploma/s or other award/s listed above. You are also required to provide a certified copy of the AECOP Final Certificate. If the qualification/s were issued in a previous name evidence of the change of name must be provided.</i>												

Applicant's signature _____ **Date** _____

Office Use:

Qual _____	Reg Date _____	GS _____	PG _____
Refs _____	Photo _____	ID _____	Fee _____
From _____	To _____	PYO _____	Board Date _____

2B POST GRADUATE WORKING EXPERIENCE		
FROM	TO	NAME OF INSTITUTION & LOCATION
<p><i>Documentary evidence of post-graduate work experience is required (evidence of hospital work experience should be signed by a Physiotherapist-in-Charge and/or Medical Superintendent or Human Resource Manager). NOTE: Applicants may be required to have completed 12 months approved hospital experience before full registration. A photocopy of any of the documents required to accompany this application may be provided if it is certified by a Justice of the Peace, solicitor or public notary as being a true copy of the original.</i></p>		
Short Courses that I have attended relevant to Physiotherapy		
<i>Course Title</i>	<i>Institution</i>	
Proposed Employment (if known)		
<i>Institution</i>		
Membership of any professional association/s in Physiotherapy		
<i>Association</i>	<i>Grade of membership</i>	

3 REGISTRATION IN OTHER JURISDICTIONS			
Are you or have you ever been registered, certified and/or licensed as a physiotherapist or to otherwise practise Physiotherapy in any other States, Territories or Countries? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "YES", please provide the following information in respect of each such registration, certification or licence:			
<i>Name of State/s, Territory/s or Country/s:</i>	<i>Name of registering, certifying or licensing authority/s:</i>	<i>Date of registration/s, certification/s or license/s:</i>	<i>Registration number/s [if any]</i>
<p><i>If you do hold registration in another State, Territory or Country it is necessary for you to arrange for a Certificate of Good Standing to be forwarded to the Board by the registering authority in that State, Territory or Country. Certificates of Good Standing must be dated within three months of the date of the application.</i></p>			

4 CONVICTIONS/CRIMINAL FINDINGS			
Have you been convicted of any offence or made the subject of a criminal finding in this State or elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Excludes any offence relating to the parking of motor vehicles or any offence under the road transport legislation (within the meaning of the Road Transport (General) Act 1999), except those offences listed on page 3 of this form.</i> If the answer is "YES", please supply the following information in respect of each offence:			
<i>Date of offence/s</i>	<i>Nature of offence/s</i>	<i>Date of conviction/s</i>	<i>Court imposing conviction/s</i>

Applicant's signature _____

Date _____

5 **GOOD CHARACTER**

Refusal of registration

Has any application for registration, certification or licensing as a physiotherapist or as a provider of physiotherapy services been refused for any reason in another State, Territory or Country? Yes No

If the answer is "YES", please supply full details.

De-registration, suspension etc

Has any registration referred to above been suspended, withdrawn, revoked, cancelled and/or removed for any reason? Yes No

If the answer is "YES", please supply full details.

Has any registration referred to above been made subject to any restrictions or conditions? Yes No

If the answer is "YES", please supply full details.

Current Complaints

Are you currently as a physiotherapist or as a registered care professional the subject of a complaint of lack of good character, professional misconduct or other matter? Yes No

If the answer is "YES", please supply full details.

Are you currently the subject of pending criminal proceedings in NSW or elsewhere for a sex/violence offence? Yes No

A sex/violence offence is an offence involving sexual activity, acts of indecency, child pornography, physical violence, or the threat of physical violence.

If the answer is "YES", please supply full details.

Claims for damages

Have you ever been named as a defendant in any court action for negligence or other malpractice in the provision of physiotherapy services? Yes No

If the answer is "YES", please supply full details.

Academic Conduct

Have you ever been suspended or expelled/excluded from a tertiary education institution? Yes No

Have you ever been found guilty of cheating or other dishonesty by a tertiary education institution? Yes No

If the answer either question is "YES", please supply full details

Adverse findings of Courts etc.

Have you ever been the subject of an adverse finding relating to your conduct as a physiotherapist or as a provider of physiotherapy services or relating to your character by a court, royal commission, special commission of inquiry or by the NSW Independent Commission Against Corruption? Yes No

If the answer is "YES", please supply the following information in respect of each adverse finding

<i>Name of Court/s etc</i>	<i>Name of proceeding/s or inquiry/s</i>	<i>Details of adverse finding/s</i>	<i>Date of adverse finding/s</i>

Character References

Three completed character references from people of professional standing and dated within the last six months. Forms are attached.

Character references from the applicant's immediate family are not acceptable.

Applicant's signature _____

Date _____

A person must not:

- (a) make or cause to be made in the Register an entry that the person knows to be false or misleading, or alter an entry in the Register with intent to render the entry false or misleading, or
- (b) for the purposes of obtaining registration as a physiotherapist either for that person or for anyone else, make a statement, whether orally or in writing, that the person knows to be false or misleading.

Maximum penalty: 50 Penalty units or imprisonment for 12 months or both

AUTHORISATION

1. I authorise and consent to the Physiotherapists Registration Board of New South Wales and its Registrar, inspectors and employees to approach and request information from persons, institutions and organisations as the Board may consider appropriate in order to determine my eligibility for registration as a physiotherapist in New South Wales.
2. I indemnify the Physiotherapists Registration Board, its Registrar, inspectors and employees from any actions and claims by any person arising from any request for and supply of information and the consideration and processing of my application for registration as a physiotherapist in New South Wales.

Applicant's signature

Date

NSW PHYSIOTHERAPISTS REGISTRATION BOARD

CHARACTER REFERENCE

See notes for guidance of referees on reverse side

Full name _____

of address _____ Tel. No _____

Occupation _____ Category No. _____
Please insert category number – see notes overpage.

do sincerely declare that:

1. I have been personally acquainted with _____
(name of applicant)
for a period of _____ years. (Period of acquaintance must be a minimum of 1 year).
2. Please comment on the qualities which are relevant to the applicant's character **which must include the following:**
 - Honesty and integrity
 - The strength of character to resist opportunities for exploitation, eg. financial or sexual exploitation
 - Respect for the personal and religious beliefs of others

_____ Signature of referee	_____ Date
-------------------------------	---------------

NB. This character reference should be dated within the last 6 months by a person who has known the applicant for 12 months or longer.

NSW PHYSIOTHERAPISTS REGISTRATION BOARD

GUIDELINES FOR PERSONS PROVIDING CHARACTER REFERENCES

- The reference is to be from a person in the categories as listed below who has known you for at least 12 months (these should be dated within the past 6 months).
- The referee is requested to provide a daytime telephone number of their place of work, as well as an address, as follow-up contact may be required by the Board.
- The referee is required to comment on honesty, trustworthiness and good character.

CHARACTER REFERENCES TO BE PROVIDED BY PERSONS IN THE FOLLOWING CATEGORIES

*Category
Number*

- (1) Members of a profession which **is regulated by an act of parliament in New South Wales** or elsewhere, such as medical practitioners, physiotherapists, solicitors, architects. (**This does not include accountants and engineers.**)
- (2) Current employees of Commonwealth, State, and Territory governments (including area health services and public hospitals) in Australia or other countries, who have been employed continuously for at least three years by their current employer.
- (3) Current serving members of Area Health Boards and Health Professional Boards (except the Physiotherapists Registration Board).
- (4) Currently employed teachers who have been teaching for more than three years at schools or tertiary institutions in Australia or another country.
- (5) Elected representatives in an Australian parliament. (Commonwealth, State, or Territory).
- (6) Ministers of religion.

NB. In future, it may be necessary for applicants to also undergo a criminal record security check.

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NSW PHYSIOTHERAPISTS REGISTRATION BOARD

CHARACTER REFERENCE

See notes for guidance of referees on reverse side

Full name _____

of address _____ Tel. No _____

Occupation _____ Category No. _____
Please insert category number – see notes overpage.

do sincerely declare that:

1. I have been personally acquainted with _____
(name of applicant)
for a period of _____ years. (Period of acquaintance must be a minimum of 1 year).
2. Please comment on the qualities which are relevant to the applicant's character **which must include the following:**
 - Honesty and integrity
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_____ Signature of referee	_____ Date
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NSW PHYSIOTHERAPISTS REGISTRATION BOARD

GUIDELINES FOR PERSONS PROVIDING CHARACTER REFERENCES

- The reference is to be from a person in the categories as listed below who has known you for at least 12 months (these should be dated within the past 6 months).
- The referee is requested to provide a daytime telephone number of their place of work, as well as an address, as follow-up contact may be required by the Board.
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NSW PHYSIOTHERAPISTS REGISTRATION BOARD

CHARACTER REFERENCE

See notes for guidance of referees on reverse side

Full name _____

of address _____ Tel. No _____

Occupation _____ Category No. _____

Please insert category number – see notes overpage.

do sincerely declare that:

3. I have been personally acquainted with _____
(name of applicant)
for a period of _____ years. (Period of acquaintance must be a minimum of 1 year).
2. Please comment on the qualities which are relevant to the applicant's character **which must include the following:**
 - Honesty and integrity
 - The strength of character to resist opportunities for exploitation, eg. financial or sexual exploitation
 - Respect for the personal and religious beliefs of others

_____ Signature of referee	_____ Date
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NB. This character reference should be dated within the last 6 months by a person who has known the applicant for 12 months or longer.

NSW PHYSIOTHERAPISTS REGISTRATION BOARD

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CHARACTER REFERENCES TO BE PROVIDED BY PERSONS IN THE FOLLOWING CATEGORIES

*Category
Number*

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NB. In future, it may be necessary for applicants to also undergo a criminal record security check.

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**APPLICATION FOR REGISTRATION FOR INTERSTATE GRADUATES
UNDER THE PHYSIOTHERAPISTS ACT 2001**

APPLICANT'S CHECKLIST

Before submitting your application please check the following for inclusion in your submission.

Personal Details	YES/NO
Qualifications	YES/NO
AECOP Final Certificate	YES/NO
Post Graduate Work Experience (Certified copy/copies of work references)	YES/NO
Short Courses relevant to Physiotherapy	YES/NO
Proposed place of Employment in New South Wales (if known)	YES/NO
Member of any Professional Association	YES/NO
Registration in other Jurisdictions (if applicable)	YES/NO
Evidence of Registration Details	YES/NO
Certificate of Good Standing, if required	YES/NO
<i>Dated within 3 months of the date of application</i>	
Convictions/Criminal findings	YES/NO
Good Character:	
Refusal of Registration	YES/NO
De- Registration, suspension etc	YES/NO
Current Complaints	YES/NO
Pending Criminal Proceedings	YES/NO
Claim for damages	YES/NO
Academic Conduct	YES/NO
Adverse findings of Courts etc	YES/NO
Character Reference	YES/NO
Character Reference	YES/NO
Character Reference	YES/NO
Impairment	YES/NO
Languages	YES/NO
Identification Included:	
Photograph	YES/NO
Current Passport/Drivers Licence/Other Identification	YES/NO
Fee Included	YES/NO
Authorisation Signed	YES/NO

N.B. A certified copy is a photocopy certified by a Justice of the Peace, solicitor, or Notary Public, as a true copy of the original.